

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46185**
12504

FILED JAN 13 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

I. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

d. Is Residence within limits of a city or incorporated town?
Yes ☐ No ☐

c. CITY OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
01 5936 Summit Ave.

e. STREET ADDRESS (If rural, give location)
20710 5936 Summit Ave.

3. NAME OF DECEASED (Type or Print)

a. (First)

FILIPPO

b. (Middle)

c. (Last)

PALMISANO

4. DATE OF DEATH

(Month)

(Day)

(Year)

Dec. 26 1957

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 3 1878

9. AGE (In years last birthday)

79

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Produce wholesaler

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE

(City and State or Foreign Country)

Termini

Italy

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

Salvatore Palmisano

13b. MOTHER'S MAIDEN NAME

Marie Catanzaro

14. NAME OF HUSBAND OR WIFE

Mary Palmisano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Mary Palmisano 5936 Summit Ave.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Chr Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 hour

10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

420.0

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/4/57**, 19**57**, to **12/26/57**, 19**57**, that I last saw the deceased alive on **12/26/57**, 19**57**, and that death occurred at **3:38 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE

12/28/57

24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

DATE REC'D BY LOCAL REG.

DEC 27 57

REGISTRAR'S SIGNATURE

J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Buchholz Mortuary 5967 W. Florissant Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Loron E. Percy

Licensed Embalmer No. *4094*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.